

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AM	7712	4/23/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		71622	8/18/00
RESPONSE FORMALITY REVIEW	LC	1024	4-25-02

INDEX OF CLAIMS

- | | | | |
|---------------------|------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — (Through numeral) | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	÷	÷	÷
7	✓	✓	✓
8	÷	÷	÷
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	✓
12	✓	✓	✓
13	✓	✓	✓
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15	✓	✓	✓
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26	✓	✓	✓
27	✓	✓	✓
28	✓	✓	✓
29	✓	✓	✓
30	✓	✓	✓
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35	✓	✓	✓
36	✓	✓	✓
37	÷	÷	÷
38	✓	✓	✓
39	÷	÷	÷
40	✓	✓	✓
41	÷	÷	÷
42	✓	✓	✓
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

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02-25-02

If more than 150 claims or 10 actions
staple additional sheet here

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